

Exhibit 8A**Iowa Department of Natural Resources Wastewater Section****Construction Permit Application****SCHEDULE A, General Information**

APPLICANT		ENGINEER	
OWNER		FIRM	
ADDRESS		ADDRESS	
REPRESENTATIVE	TELEPHONE	PROJECT OFFICER	TELEPHONE
PROJECT IDENTIFICATION		ESTIMATED START DATE *	ESTIMATED COMPLETION DATE

PLEASE RESPOND TO ALL QUESTIONS			YES	NO
1. Has an engineering report, facilities plan or other information previously been submitted for this project?			<input type="checkbox"/>	<input type="checkbox"/>
If Yes=>	PROJECT IDENTITY	DATE SUBMITTED		
2. Does the project and construction permit application, as submitted, follow the recommendations, design loadings, construction schedule, permit limits, and conclusions of the approved engineering report or facilities plan?			<input type="checkbox"/>	<input type="checkbox"/>
If No=> Provide the design basis and technical information justifying all changes.				
3. Are there three complete sets of plans and specifications accompanying this application?			<input type="checkbox"/>	<input type="checkbox"/>
For a minor gravity sewer extension within the meaning of 455B.183.3 Code of Iowa and Design Standard 11.1, two complete sets will be adequate for expeditious approval. For more complex projects, three sets of plans and specifications may be requested.				
4. Are approved standard specifications a part of this application?			<input type="checkbox"/>	<input type="checkbox"/>
If Yes=>	APPROVED STANDARD SPECIFICATIONS OF (municipality or firm)	DATE APPROVED		
5. Does each set of plans and specifications or engineering report accompanying this application contain a "professional engineering seal" executed in conformance with 542B.16, Code of Iowa?			<input type="checkbox"/>	<input type="checkbox"/>
If No=> Processing will be delayed pending receipt of applicable design schedules and certified plans, specifications or engineering report.				
6. Is this a joint wastewater and water supply project?			<input type="checkbox"/>	<input type="checkbox"/>
If Yes=> A construction permit application for the water supply project should be submitted separately to the Water Supply Section. A water supply permit fee may be required.				
7. Is the applicant to provide treatment of effluent resulting from this construction?			<input type="checkbox"/>	<input type="checkbox"/>
If No=> A Sewage Treatment Agreement (DNR Form 29) executed by the authority providing treatment must accompany this application.				
8. Is a new or amended operation permit necessary to use the facilities described in this application?			<input type="checkbox"/>	<input type="checkbox"/>
If Yes=> A new or amended permit to operate may be requested prior to the receipt of a construction permit.				
9. Is any waterline located within 10 feet; or any private or public well, lake, or public recreation area located within 400 feet of the proposed construction?			<input type="checkbox"/>	<input type="checkbox"/>
If Yes=> Identify and locate the facility(s) relative to the proposed construction.				
10. Will construction inspection be conducted by a licensed engineer employed by the applicant?			<input type="checkbox"/>	<input type="checkbox"/>
If No=>	NAME OF ENGINEERING FIRM CONDUCTING INSPECTION			
11. Will this project utilize CWSRF loan funds?			<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION			
APPLICANT		ENGINEER	
I certify that I am the authorized representative of the owner and state that the project identified above is approved by the owner.		I certify that all aspects of design included in this application conform to applicable standards contained in Chapter 567 IAC 64, or that an explanation and justification for any proposed variations from such standards is attached. I am familiar with the information contained in this application, and to the best of my knowledge, such information is complete and accurate.	
SIGNATURE	DATE	SIGNATURE	DATE

*** Estimated Construction Start Date: Complete applications must be submitted at least 120 days in advance of the date for starting construction in accordance with Rules 567 IAC 60.4 and 64.2**

PLEASE COMPLETE THE SCHEDULE CHECKLIST ON THE FOLLOWING PAGE OF THIS FORM

Exhibit 8A**Iowa Department of Natural Resources Wastewater Section****Construction Permit Application****SCHEDULE A, General Information****DOCUMENT CHECKLIST**Identify all categories included in this project. Also, identify schedules attached to this application.

SCHEDULE	TITLE	ATTACHED	INCLUDED IN PROJECT	SUBMITTAL DATE
B	Collection system	<input type="checkbox"/>	<input type="checkbox"/>	_____
C	Lateral Sewer Extension	<input type="checkbox"/>	<input type="checkbox"/>	_____
D	Trunk & Interceptor Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____
E	Wastewater Pump Station	<input type="checkbox"/>	<input type="checkbox"/>	_____
F	Treatment Project Site Selection	<input type="checkbox"/>	<input type="checkbox"/>	_____
G	Treatment Project Design Data	<input type="checkbox"/>	<input type="checkbox"/>	_____
H1	Schematic Flow Diagram	<input type="checkbox"/>	<input type="checkbox"/>	_____
H2	Treatment Process Loading and Removal Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	_____
H3	Mechanical Plant Reliability	<input type="checkbox"/>	<input type="checkbox"/>	_____
I	Screening, Grit Removal and Flow Measurement	<input type="checkbox"/>	<input type="checkbox"/>	_____
J	Septic Tank System	<input type="checkbox"/>	<input type="checkbox"/>	_____
K1	Controlled Discharge Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____
K2	Aerated Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____
K3	Anaerobic Lagoon	<input type="checkbox"/>	<input type="checkbox"/>	_____
L	Setting Tanks	<input type="checkbox"/>	<input type="checkbox"/>	_____
M	Fixed Film Reactor – Stationary Media	<input type="checkbox"/>	<input type="checkbox"/>	_____
N	Rotating Biological Contactor	<input type="checkbox"/>	<input type="checkbox"/>	_____
O	Aeration Tanks or Basins	<input type="checkbox"/>	<input type="checkbox"/>	_____
P	Gas Chlorination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Q	Sludge Digestion and Holding	<input type="checkbox"/>	<input type="checkbox"/>	_____
R1	Sludge Dewatering and Disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
R2(A & B)	Low Rate Land Application of Sludge	<input type="checkbox"/>	<input type="checkbox"/>	_____
R3	Land Application of Sewage Sludge (To be developed)	<input type="checkbox"/>	<input type="checkbox"/>	_____
S	Land Application of Wastewater (To be developed)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Sewage Treatment Agreement	<input type="checkbox"/>	<input type="checkbox"/>	_____

Identify any categories included in this project which are not provided in the above list of schedules.

